

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Joel Maiola			
II. Name of lobbyist's partnership, firm o	r corporation, if any	:	
McLane Middleton Government &	Public Strated	gies, LLC	
(Name of partnership, firm o			
900 Elm Street, P.O. Box 326	Mancheste	r NH	03105 0336
Business Address: (Street)	(Town/City)	(State)	03105-0326 (Zip Code)
	03) <u>625-5650</u>	e-mail_joel.i	maiola@mclanegps.com
(Telephone)	(Fax)		
III. This statement covers: (Choose one -	file separate reports	for each client, OR you	may file a separate report for
reportable expense transactions which are			
All reportable transactions occurring in t	the months prior to the	e reporting date relative to	the following client:
NH Hospital Association			
	s it appears on the Lobb	yist Registration Form)	
OR	••	,	
All reportable transactions by the lobbyis unrelated to any particular client.	t (including the lobby	rist's family), or the lobby	ing firm listed below which are
_			
IV. Date of Report April 26, 2017		July 26, 2017	
Reports cover: activity from date of registra		activity from 4/1/17 to 6/30/	
October 25, 2017		January 31, 2018	
activity from 7/1/17 to 9	/30/17	activity from 10/1/17 to 12/	/31/17
V. There have been no fees received a lf this box is checked, complete just this form Concord, NH 03301.			
VI. Check if additional reports are attach	ed•		
If you have received fees or made exper		Addendum A - Fees and	Expenses
☐ If you have paid an honorarium or reimble Expense Reimbursement	•		•
🛣 If you, your firm, or your family has ma	de political contributi	ons, you must file Adden	dum C- Political Contributions
Sworn Statement/Affirmation by Lobbyis I have read RSA 15, RSA 15-B, RSA 14-C a and complete to the best of my knowledge a (Signature of lobbyist)	and RSA 664 and here	eby swear or affirm that th	
Joel Maiola			
(Print Name of lobbyist)			FEB 02 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

RECEIV TO

(RSA Chapter 15:6)

FEB 02 23 3

NEW HAMPSHERF DEPARTMENT OF STATE

	D	EPARTMENT OF 512
I. Name of Lobbyist(s) Joel Maiola		
II. Name of lobbyist's partnership, firm or corporation, if any:		
McLane Middleton Government & Public Strategies, LLC (Name of partnership, firm or corporation)	<u> </u>	
III. Name of Client NH Hospital Association	Date	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or pr	ublic relations service
a) Total of all fees received in this reporting period	a) \$	25,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ ear)	75,000.00
c) Total of all fees received to date (Add lines a and b)	c) \$	100,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if exp may be filed for a aggregate total expenses; (b) the le: meals purchases than \$10 that and with a value of perting period of governing period of government er than \$25, but the expense reimb	penditures are made by or the lobbyist(s)/firm of all expenses paid aggregate total of all ased during a business is given to the persor of \$25.00 or less); and greater than \$25.00 fo an \$25, purchase of a not greater than \$50 bursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	25,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	25,000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	75,000.00
f) Total of all expenses year to date	f) \$	100,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from keeperiod, including by whom paid or to whom charged.	obbying fees d	during this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	that the fore	egoing information
is true and complete to the best of my knowledge and belief.		
Min	_//	31/18
(Signature of lobbyist)	(Da	te)
Joel Maiola		
(Print Name of lobbyist)		

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